

# CDBG Grants Administrator Training

## Community Development

### Year 2007 First Session Test-out & Accreditation Course

#### TEST-OUT

Wednesday, February 28, 2007

**12:00 p.m. - 4:00 p.m.**

Registration deadline: February 23, 2007

(If you have passed the certification or accreditation course in the past 2 years, you are not required to retake the class or test-out until your certification expires.)

#### 3 DAY COURSE

Wednesday, April 4, 2007

Wednesday, April 11, 2007

Wednesday, April 18, 2007

**9:00 a.m. - 4:00 p.m. each day**

Wednesday, April 25, 2007

**9:00 a.m. - 12:00 p.m.**

Registration deadline: March 30, 2007

### PLEASE REGISTER EARLY – SPACE IS LIMITED

**FEE:** There is a \$25 fee for the test-out and a \$100 fee for the 3-day course.

#### TEST-OUT & TRAINING LOCATION:

The Garrison at Fort Benjamin Harrison State Park

6002 North Post Road, Indianapolis, IN 46216 (Directions will be sent with confirmation)

#### REGISTRATION FOR YEAR 2007 FIRST SESSION TEST-OUT

(open only to those who have previously passed the certification or accreditation course)

WEDNESDAY, February 28, 2007, 12:00 p.m. - 4:00 p.m.

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP-CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please remit this form and \$25 payment by regular mail to:

LISA GARNER

OFFICE OF BUILDING BETTER COMMUNITIES

CARMICHAEL HALL, ROOM 109

BALL STATE UNIVERSITY

MUNCIE, IN 47306

PHONE: (765) 285-1665

FAX: (765) 285-4989

**CDBG Grants Administrator Training  
Registration Form**

**REGISTRATION FOR YEAR 2007 FIRST SESSION 3-DAY COURSE**

WEDNESDAYS: APRIL 4, 11, 18, 2007, 9:00 a.m. - 4:00 p.m. and  
APRIL 25, 2007, 9:00 a.m. - 12:00 p.m.

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP-CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

FORM OF PAYMENT: CHECK ☐ MONEY ORDER ☐ PURCHASE ORDER ☐

PO# \_\_\_\_\_ Contact name \_\_\_\_\_

agency \_\_\_\_\_

VISA ☐

MASTERCARD ☐

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

**Please make checks payable to BALL STATE UNIVERSITY**

**Return this form and \$100 payment to:**

LISA GARNER  
OFFICE OF BUILDING BETTER COMMUNITIES  
CARMICHAEL HALL, ROOM 109  
BALL STATE UNIVERSITY  
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